



Office of Congresswoman  
Gloria Negrete McLeod

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**Programmatic Appropriations Request Form**

**Please FAX to:**

**Congresswoman Gloria Negrete McLeod**

fax: 909-626-2678 hours: M-F 9-6:00pm EST

**Requesting Agency Name**

**Ex: City of XXX, ZZZ County, Non-Profit Organization YYY**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Agency Contact Name: \_\_\_\_\_

**Requesting Agency Contact**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Local DC Contact, if any.**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**On a separate piece of paper, please write to us about the program you will like to see funded. Please fill in as much information as possible. Ex: DOJ USMS XYZ Program**

**Adminstrating Agency**

**Ex: DOJ, DOL, XYZ**



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**Account/Program/Language Title: *ex: AFG Program, SAFER Program***

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**Federal Funding Request: Please check one.**

- ☐ Support the Enacted Level
- ☐ General Support of Program
- ☐ Funding Should Be Reduced: By how much? \_\_\_\_\_
- ☐ Funding Should Be Eliminated
- ☐ Support President's Request

Specify Dollar Amount: \_\_\_\_\_

**Please indicate numerical from 1 to 10 the priority of this request relative to other requests from your office: Example: #1 Top Priority-#10 Least Important \_\_\_\_\_**

**On a separate sheet of paper, please provide a description of how the requested program impacts the 35<sup>th</sup> Congressional District. Please provide any other information that may be germane for funding purposes.**